

Town of



AMHERST

Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA 01002

SELECT BOARD
Phone (413) 259-3001
FAX (413) 259-2405
Email: selectboard@amherstma.gov

TO: Michael Kent, Interim Chief of Police
FROM: Kate Seaman, Administrative Assistant
DATE: July 23, 2009
RE: **The Moan & Dove – Transfer of License**

Attached is an application for Transfer of License from Elephants of Mercy, LLC. d/b/a The Moan & Dove, 460 West Street (Manager: Jason DiCaprio) . Please review and issue a recommendation to me as soon as possible.

Thank you.

Approved/Denied


Michael Kent, Interim Chief of Police



TOWN OF Amherst

May 11 2004

TO THE LICENSING BOARD

The undersigned licensee..... Daniel Lanigan

respectfully petitions for the transfer of the..... all alcohol

(Class of License)

all alcoholics beverages license now exercised by the said licensee on the premises located at

..... 460 west st

..... Amherst MA 01002

whose address is.....

(If present licensee is a corporation, fill in the following paragraph)

The said licensee is a corporation duly organized under the laws of the Commonwealth of Massachusetts, and its officers, directors and stockholders, their residences, and shares owned by each are as follows:

(NAME) (ADDRESS) (SHARES)

FROM: (PLACE AND * BEFORE THE NAME OF EACH DIRECTOR)

..... Daniel Lanigan one leighton st #2210 Cambridge MA 02141 all

President

Treasurer

Clerk

(If proposed transferee is a corporation, fill in the following paragraph)

The proposed transferee is a corporation duly organized under the laws of said Commonwealth and having a usual place of business in said, and its officers and stockholders, their residences, and shares owned by each are as follows:

(NAME) (ADDRESS) (SHARES)

FROM: (PLACE AND * BEFORE THE NAME OF EACH DIRECTOR)

..... Jason DiCaprio 1194 West Street Amherst MA 01002 500 membership units (50%)

President

..... Nicholas DiCaprio 26 Hale street West Springfield MA 01089 500 membership units (50%)

Treasurer

Clerk

The above named proposed transferee hereby joins in this petition for transfer of said license, and respectfully petitions the Board to grant such transfer.

SIGNATURE OF
LICENSEE..... Daniel Lanigan president

(If a corporation, by its authorized representative)

SIGNATURE OF PROPOSED
TRANSFEREE..... [Signature] Manager

(If a corporation, by its authorized representative)

The Commonwealth of Massachusetts

Alcoholic Beverage Control Commission
239 Causeway Street
Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: Amherst

- | | |
|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input checked="" type="checkbox"/> Transfer of License | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer of Stock | (specify) |

SECTION 1:

Name to Appear on the License: Elephants of Mercy, LLC

Business Name (d/b/a, if different): The Moan and Dove

Manager of Record: Jason DiCaprio FID of Licensee: ;

Address of Premises: 460 West Street Amherst MA 01002 Zip Code: _____

Phone Number of Premises: 413 256 1710

SECTION 2: Type of License: (check one only)

- | | | |
|--|--|--|
| <input type="checkbox"/> Club | <input type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club |
| <input checked="" type="checkbox"/> General on Premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Tavern | |

SECTION 3: License Category

- | | |
|---|--|
| <input checked="" type="checkbox"/> All Alcoholic | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only | <input type="checkbox"/> Wine Only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

SECTION 4: License Class

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|--|-----------------------------------|

SECTION 5: Person (attorney if applicable) who can be contacted concerning this application

Name: Jason DiCaprio

Address: 1194 West Street Amherst MA 01002

Phone Number: (413) 320-7877

SECTION 6: Give a full description of the premises to be licensed, including location of all entrance and exits: See Attached Floor Plan

SECTION 6(a):

Seating Capacity: 50 Occupancy Number: 54

SECTION 7:

Applicant is an:

- () Association () Corporation () Individual
() Partnership () Non-profit Corporation (✓) LLC

SECTION 8 If applicant is an individual or partnership – List for individual or each partner:

FULL NAME	HOME ADDRESS	DOB	SSN

SECTION 8(a): Is individual or all partners United States Citizens? (✓)Yes ()No

If no, specify citizenship: _____

SECTION 8(b): Is individual or all partners involved at least twenty-one years old? (✓)Yes ()No

SECTION 9: If the applicant is a corporation, complete the following:

State of Incorporation: Massachusetts Date of Incorporation: November 14th 2008

Fiscal Year Ends: December 31st Date qualified to do business in MA: November 14th 2008

SECTION 9(a): How many ^{Membership Units} shares of stock are authorized: 1000 How many are issued: 1000

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director.

Title	Full Name	Home Address	DOB	SSN	Shares of Stock Owned or Controlled

SECTION 9(b): Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

SECTION 9(c): If the applicant is a corporation, answer the following questions:

For Package Store (§15) license:

- A. Are all Directors United States Citizens? () Yes () No
 B. Are a majority of Directors Massachusetts Residents? () Yes () No
 C. Is the Manager or Principal Representative a U.S. Citizen? () Yes () No

For Club, General On Premise, Hotel, Restaurant, Tavern, Veterans Club and Other (§12) license:

- A. Are at least 50% of the Directors United States Citizens? () Yes () No
 B. Is the Manager or Principal Representative a U.S. Citizen? () Yes () No

SECTION 10: If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number	Membership Units
owner	Jason	1194 West St	10-2-		(413) 320-7877	50% 500 units
Manager	Daniel DiCorio	Amherst MA 01002	77			
Owner	Nicholas Eugene D'Caprio	26 Hale St W. Springfield MA 01089	3-25-73		(508) 828-0031	50% 500 units
					(413) 732-9372	

To attached

SECTION 10(b): Attach a list of all members of the LLC.

SECTION 11: Will there be any construction, remodeling, redecorating, or building on the premises for this license? () Yes (✓) No (If yes complete a,b,c and d)

- a.) Give an exact description of the construction, remodeling, redecorating or building on the premises: _____

 b.) What are the estimated costs: _____
 c.) What is the construction schedule: _____
 d.) State all sources of construction financing: _____

SECTION 12:

Do you own the premises? () Yes (✓) No. If yes, please respond to the question below.

() As an individual () Jointly _____ Name of Realty Trust
 _____ Name of Corporation

() Other _____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: 460 West Street Realty LLC - Gerald H. Gates Phone Number: 413 687 3315

Address: 69 South Pleasant Street Amherst MA 01002

SECTION 12(a): If a lease or rental, provide the following information: \$2100 per month
(month, year, etc)

Beginning date of Lease _____
(Provide Copy of Lease)

End date of Lease October 31st 2012

FINANCIAL

SECTION 13:

What assets were purchased and cost?

Equipment: \$ 42,000 Furniture: \$ 50,000 Goodwill: \$ 100,000

Inventory: \$ 18,500 License: \$ 24,500 Premise: \$ -

SECTION 13(a): Total Purchase Price: \$ 235,000

SECTION 13(b): Identify below all sources of financing:

Mortgage: \$ _____ Seller: \$ _____

Cash: \$ _____ Other: \$ loan from Parents - copy of note attached
(specify) with account #s

Document all sources e.g. Loan Papers, Checking Accounts, Stock Sales, etc.

SECTION 13(c): All other terms and conditions: _____
(provide purchase and sale documents)

SECTION 13(d): Are you seeking approval for license to be pledged: () Yes (✓) No

If yes, to whom: _____

SECTION 13(e): Will the inventory be pledged: () Yes (✓) No

If yes, to whom: _____

SECTION 13(f): If a corporation, are you seeking approval for any corporate stock to be pledged:

() Yes (✓) No

If yes, to whom: _____

OWNERSHIP INTERESTS

SECTION 14: State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number
Jason Daniel DiCaprio	1194 West Street	10-2-77		(413) 320 7877
Elephants of Mercy LLC	11 (to be changed)			(413) 320 7877
Nicholas Eugene DiCaprio	26 Harte Street W. Springfield 01089	3-25-73		(413) 732 9372

SECTION 14(a): Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest
Jason Daniel DiCaprio	50% owner of Elephants of Mercy Inc.
Nicholas Eugene DiCaprio	50% owner of Elephants of Mercy Inc.
Elephants of Mercy LLC	SOLE owner of license

SECTION 14(b): Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

() Yes ☒ No

Name	Type of License	License Name and Address	Description of Interest

SECTION 14(c): Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held?

() Yes ☒ No

(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date Ownership Surrendered

SECTION 14(d): Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the License was Terminated

SECTION 14(e): Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

() Yes (X) No

(If yes, provide the following information)

Date	License	Reason why the License was suspended, revoked or cancelled

SECTION 14(f): Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law?

() Yes (X) No

- SECTION 15:**
- a. Each individual applicant must sign.
 - b. Applications by a partnership must be signed by a majority of the partners.
 - c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
 - d. Applications by an association must be signed by a majority of the members if the governing body. All signatures must have answered question 10.
 - e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 22 day of July, 2009.

By: Signature of Full Name

Title

[Signature] Manager

LIST OF MEMBERS OF ELEPHANTS OF MERCY, LLC

Title	Full Name	Home Address	DOB	SSN	Phone #	Member UNITS	Percent Ownership
Member/Manager	Jason Daniel DiCaprio	1194 West Street Amherst MA 01002	10/02/77		(413) 320-7877	500	50%
Member	Nicholas Eugene DiCaprio	29 Hale Street West Springfield MA 01089	3/25/73		(413) 732-9372	500	50%

MA SOC Filing Number: 200840698300 Date: 11/14/2008 2:58 PM

**CERTIFICATE OF ORGANIZATION
OF
ELEPHANTS OF MERCY, LLC**

THIS CERTIFICATE OF ORGANIZATION is made for the purpose of organizing a limited liability company (the "Company") under and pursuant to the provisions of the Massachusetts Limited Liability Company Act (Massachusetts General Laws, Chapter 156C). Pursuant to Massachusetts General Laws, Chapter 156C, Section 12(a), the undersigned hereby certifies to the Secretary of State of The Commonwealth of Massachusetts as follows:


1. Federal Employer Identification Number. The Federal Employer Identification Number for the Company is not yet available. 263732489
2. Name of the Company. The name of the Company is Elephants of Mercy, LLC.
3. Office of the Company. The address of the office of the Company in the Commonwealth at which its records shall be maintained, as required by Massachusetts General Laws, Chapter 156C, Section 5, is 135 South Street, Northampton, MA 01060-4017.
4. Business of the Company. The general character of the business of the Company is to own and operate a pub and serve food to the general public, to engage in any other business or activities related to or incidental thereto, and to undertake any and all other acts, deeds, or purposes permitted under Massachusetts General Laws, Chapter 156C.
5. Date of Dissolution. There is no date for dissolution of the Company.
6. Agent for Service of Process. The name and business address of the resident agent of the Company for service of process required to maintained pursuant to Massachusetts General Laws, Chapter 156C, Section 5 is Jason D. DiCaprio, 135 South Street, Northampton, MA 01060-4017.
7. Management. Management of the Company is vested in one (1) Manager. At the time of formation, the name and business address of the Manager of the Company is as follows:

<u>Name</u>	<u>Address</u>
Jason D. DiCaprio	135 South Street, Northampton, MA 01060-4017

8. Execution of Documents. No person other than Jason D. DiCaprio, acting singly, is authorized to execute documents on behalf of the Company to be filed with the Office of the Secretary of State of the Commonwealth of Massachusetts.
9. Real Estate Documents. No person other than Jason D. DiCaprio, acting singly, is authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an

interest in real property, whether to be recorded with a registry of deeds or filed in a district office of the land court.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 12th day of November, 2008. The undersigned also consents to his appointment as resident agent pursuant to G.L. c 156C § 12


Jason D. DiCaprio, Manager

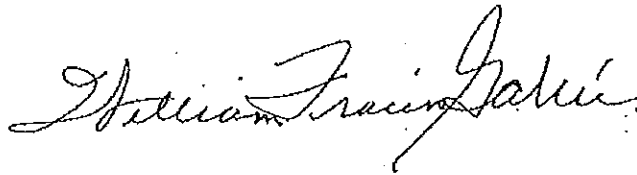
Consent of resident agent: I Jason D. DiCaprio, resident agent of Elephants of Mercy, LLC, consent to my appointment as resident agent pursuant to G.L. c 156C SS 12.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

November 14, 2008 2:58 PM


A handwritten signature in cursive script, reading "William Francis Galvin". The signature is written in dark ink and is centered on the page.

WILLIAM FRANCIS GALVIN


Secretary of the Commonwealth

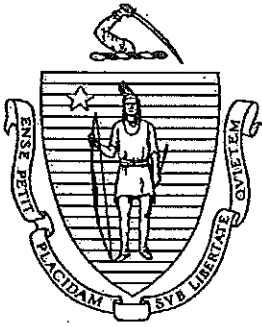
**Vote of Members of Elephants of Mercy, LLC appointing Jason
DiCaprio the Manager.**

Jason Daniel DiCaprio 500 membership units (50%) votes ; Jason DiCaprio

Signed:  Date 7.22.09

Nicholas Eugene DiCaprio 500 membership units (50%) votes; Jason DiCaprio

Signed:  Date 7/22/2009



The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ____ A. NEW LICENSE APPLICANT
____ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
☒ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Elephants of Mercy, LLC
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Jason DiCaprio
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS 1194 west street Amherst MA 01002
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # (413) 320 7877 HOME# 413 320 7877
6. PLACE OF BIRTH: Newport RI
7. DATE OF BIRTH: 10.02.1977
8. REGISTERED VOTER: ☒ YES _____ NO
- 8A. WHERE ? : _____
9. ARE YOU A U. S. CITIZEN: ☒ YES _____ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter=s Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: Nicholas R. DiCaprio 12. MOTHER'S MAIDEN NAME: Martin

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

____ YES ____ ☒ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ☒ YES ____ NO
IF YES, PLEASE DESCRIBE:

Bartender for four years, Assistant Manager for one year Moanand
Dave Inc.

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ____ YES ____ ☒ NO

IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

Office Team
Malibu Insurance Services 88 Broad St Boston MA
Sustainable Resources Inc, 115 Bridge street Northampton MA 01060, Canopy Development LLC
The Moan and Dave Inc (413) 256 1710 460 west street Amherst MA 01002

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 45

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: [Signature]
PROPOSED MANAGER SIGNATURE

7.20.09
DATE